ATEN	I APPLICATION F Substitute	EE DETERMINA for Form PTO-875	TION RECORD	ation unless it dis	PTO/SB/06 hrough 7/31/2006. OMB 065 5. DEPARTMENT OF COMM SPlays a valid OMB control of Cation or Docket Number
1				_ //	cation or Docket Number
	LAIMS AS FILED - P				27770
FOR		(Column 2)	SMALL ENTI	ry or	OTHER THAN
BASIC FEE	NUMBER FILED	NUMBER EXTRA			SMALL ENTITY
(37 CFR 1.16(a)) TOTAL CLAIMS			RATE	EE	RATE FEE
(37 CFR 1.16(c))			-	7	RAIE FEE
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 20 =	•	X \$ =	OR OR	
	minus 3 =		1	OR OR	X 1 =
MULTIPLE DEPENDENT CLAI	M PRESENT (21 CER		X \$=	OR .	X 5 =
	(** 011)	1.16(d))	+ s =		
* If the difference in column 1	is less than zero, enter "0"	in column 2		OR OR	+ 5=
	AS AMENDED - PAI		TOTAL	OR	TOTAL
1/2000	- 10 - MICHOED - PAI	RTII			
4-25-05 (Colum	nn 1) (Co	lumn 2) (Column 3)			
CLA REMAI	IMS HIGH	HEST	· SMALL ENTITY	OR	OTHER THAN
Z/ZO/ACT AFT	ER NUL	ABER PRESENT OUSLY EXTRA	RATE ADDI-	7 6	SMALL ENTITY
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(37 CFR 1.16(b))	Minus ···	-	x : 25 =	_ OR x	:50=
FIRST PRESENTATION OF MI	ULTIPLE DEPENDENT		x s/00 =		, 200=
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(Column		20.21 (6.)	ADD'L FEE		OTAL DO'L FEE
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FIRST PRESENTATION OF MULT	IPLE DEPENDENT CLASS		x \$_100=	OR X S	200=
	COM (3		+ \$ 180=		
			TOTAL		40_
(Column 1)	(Column 2) (Column 3)	ADD'L FEE	OR ADD'L	FEE
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37 CFR 1.16(b))	Minus ***	1		OR X:50	2=
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	CHOCKY CLAIM (37 CI	FR 1.16(d)) + s	182		-
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If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the undering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

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